**STATE SOCIETY FOR ULTRA POOR AND SOCIAL WELFARE**

**SMU**

Advance Adjustment Form

Adj. Vr. No Date.........................

Head of Account under approved budget...............................................................

Expenditure towards...............................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of the Employee | : |  |
| 2 | Designation & Place of work | : |  |
| 3 | Amount of Advance Outstanding as on the date | : | Rs. |
| 4 | Expenditure submitted for Adjustment (Details overleaf) | : | Rs. |
| 5 | After Adjustment of this amount balance available/Receivable | : | Rs. |
| 6 | Unspent amount Refunded  on.......................................  Name of Bank............................. | : | Rs. |

The Details of Expenditure is Attached With This Sheet

Signature of the Employee

Passed for Rs..................................... (Rupee......................................................

.....................................................................................................................Only)

Accountant F.M.S Dy.CEO/S.F.O C.E.O/A.O

M/latter/9

**STATE SOCIETY FOR ULTRA POOR & SOCIAL WELFARE**

***Advance Application***

**Name: Designation:**

**Unit:**

**Respected Sir / Madam**

Kindly sanction an amount of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_ by **cash / cheque** to meet the expenditure towards \_\_\_\_\_\_\_\_\_\_\_\_\_\_Functionary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Budget Line\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Component \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-Component \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Purpose of Advance** | **Estimated Expenditure** |
| **I.** |  |  |
| **II.** |  |  |
| **III.** |  |  |
| **IV.** |  |  |
| **V.** |  |  |
|  | **Total Rs.** |  |

(a) Previous advance amount:-

(b) Bill submitted amount:-

**Signature**

**Counter Signature with Remarks:( Recomender)**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_**

***(For Office Use Only)***

Sanctioned an amount of Rs………………………………… (Rupees……………….

………………………………………………………………….Only)

**FMS/CFO** Dy.**CEO Sr. A.O**